FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Effective January 1, 2010, all statements and reports filed by new committees, for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically. Fax: 515-281-4073 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) **FORM** DR-2 **DISCLOSURE** IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party

(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (Rev. 12/2009) REPORT For Office Use Only Comm. # CANDIDATE COMMITTEES ONLY: Logged in Candidate Name Political Party (if applicable) STROHMAN Scanned Computer Office Sought/16 District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filling timely and accurate reports and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 515 460 3658 PERSON FILING REPORT REPORT FOR (1) PLECTION /(2)NON-ELECTION YEAR. I AM FILING A ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	. \$	1,943.84
ADD TOTAL MONEY TAKEN IN THIS PERIOD		127/10
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		1,373.00
Schedule F: Loans Received total (Attach Schedule F)	,	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	,	
(Schedule H applies to Candidates' Committees Only) SUB-TOTAL	.\$	3,318.84
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		1984 79
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	1,332.05
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	2,284.81
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES NO
CANDIDATE COMMITTEES ONLY:		·
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (ME	ust be same as on Statement of Organization)	
MIMANS	ust be same as on Statement of Organization) FOL STLOHWAN	
CITION		

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05(19/10	ID# CK#	Your & Allison Greenveld 839 Brookings Ashes #4 50010		\$ 25	
05/19/10	ID# CK#	Tom 4 faula Nevgert 1002 OKIALSMA Ames 1 FA 50014		50	
05/19/10	ID# CK#	Kiven & faul Bergquist 4942 Hemingusy Ames, 49 50014		50	
05/19/10	ID# CK#	fat & Mindy Stahr >120 Stage coach Rd Ames, FA 3000		50	
05/2010	ID# CK#	Scoff & CVISTING KOPECKY 31 DEERWOOD WY EVILLE CA 97604		50	
05/24/10	ID# CK#	Dean Hunzifeer 105 5- 16th St Dones, FA 50010		100	
05/2410	ID# CK#	Mark & Giva Isobrands 1001 Brookinge 1900 11 11 50010		100	
05/28/10	ID# CK#	Favor Popella 905 Kellegg Ames, 194 50010		25	
05/28/10	ID# CK#	Amy & Jevry Frankly 2125 Novyu Dakota Ames, 454 50014		50	
06/01/10	ID#	Jolene ? Front Randall 496 W. Riverside 1490 FA SOOID		75	
			SUB-TOTAL	. 535	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

TOTAL (if last page of this schedule)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Mus	t be same as on S	Statement of Organization	
CITIZENS	FOR S	STROHMAN	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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06/01/10	ID# CK#	Steve E Chery Hoshing n 8170 Hybradafe North View Bubakdafe, It 50333	protuer	\$ /00	
@b 03/10	ID#	Mott's Davi Dunkow 839 West N. Nevada, FA 5020		25	
06/03/10	ID# CK#	Carol = Keriu Kisling 3433 Wood loub AMOS, FR 80010		40	-
06/03/10	ID# CK#	Steve 2 Miduele Bellile 64313 Kingolu Highway Nevada, Ax 50201		20	
06/03/10	ID# CK#	Lucy Marfin 506 gstustreet Haves IA 50010		25	
06/03/10	ID# CK#	uniterized continutions		40	1
06/03/10	ID# CK#	Dan Topf & Kin answer Topf 231 Churden AMES, IA 50010		100	
06/03/10	ID# CK#	Stere 2 Counterfingted 2325 Storm Ames, FX 50014		100	
06/03/10	ID# CK#	Lee 3 Pot living 340 m AMES, In 30014		25	[·/
06/03/10	ID# CK#	Scott Calabook 125 SW 5154 125 Moines, IR S0312		25	
			SUB-TOTAL	. 500	

TOTAL (if last page of this schedule)

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZEDS FOR STROYMAN

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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Obloy10 CK# Chuck-and Deb Winkleblack Soo Dalfon Annes, IA Sooro Coloy10 CK# Ev and Margaret Hunziker CK# 2619 Cinderwood Circle Annes, IA Soory CK# 300 Gran det 35 Nes Moines, IA 503/2 100	
06/04/10 ck# 25/9 Cinder wood Civile 100 AND THE SOOTH ON/04/10 ck# 200 Gyan at 25 NO MOINES, IA 503/7 40	
00/04/10 ck# 300 Guan d \$55 17 40	
06/08/10 ck# 1609 Hanherst 35	
Obligio ck# Sheila falk 32 Whitier NT07003 aunt 50	
06/18/10 CK# Manuagu E Chris Taggle 91/ Douglis FA 5000 75	
CK#	
ск#	
CK#	
CK# SUB-TOTAL 3(4)	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B	
l B	MONETARY
(Rev. 07/03)	EXPENDITURES
(1104.07703)	CAFENDITORES

CHECK THIS BOX IF AMENDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization) FOR STROHMAN		
	11 CENOS 4	TOOL 3 / ACTIONACO		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/24/10	ID# CK#	Staples Ames, IH 5000	Office Supplies	s 40.64
66/03/ 0 0	ID# CK#	USPS 523 Kyllogg Aaras, EA-seero	festage	738.23
06/03/10	ID# CK#	Certer Printing 1739 E. Grand Des Moires, TA SOM	Mailing b	987.92
06/04/10	ID# CK#	USPS 525 Kellogg Awas, It sool	Postage	220.00
	CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			:
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$1,986.79

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Page		of	<u> </u>

SCHEDULE **INCURRED** COMMITTEE NAME (Must be same as on Statement of Organization) (Rev. 08/98) **INDEBTEDNESS CHECK THIS BOX** IF AMENDING NOTE: Debts previously reported that remain unpaid must be included on this Reset Form **FORM** Schedule, as well as any new obligations incurred in this period. An "incurred debt" is a debt for **DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD** goods or services ordered or (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F) received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received. DESCRIPTION OF GOODS OR DATE BALANCE OWED AT **INCURRED** NAME AND ADDRESS OF PERSON SERVICES PROVIDED OR **CLOSE OF** (MM/DD/YR) TO WHOM DEBT OR OBLIGATION IS OWED **PURCHASED** REPORTING PERIOD* SUB-TOTAL TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$2,284.81

CANDIDATE COMMITTEES NOTE:

*If actual figure is unknown, show "estimated" beside the figure.

*incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

Page

(for Schedule D)

CITIZE	ENS FOR STROHMAN			(Rev. 02/08)	RECEIV & REPAI	
TE: This schedule reports money loaned to the committee which is deposited in the committee account. FAL UNPAID LOANS FROM LAST REPORTING PERIOD \$			account.	CHECK THIS BOX AMENDING FORM		
TI - MONETARY LOA (Original source of	ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is in	volved. Incl	ude loans from candida	ate's personal f	unds.)	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		ELATIONSHIP TO DIDATE (If Applicable*)	AMOUNT OF LOAN		
				\$		
		_		+		
		_		-		
		TOTAL		\$	_	
(Loans forgiven	OAN REPAYMENTS MADE THIS REPORTING PERIOD must be reported on Schedule E – In-kind Contributions.)					
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		ELATIONSHIP TO IDATE* (If Applicable)	AMOUNT F	REPAID	
				\$		
		-			<u>. </u>	
				<u> </u>		
	TOTAL CASH	REPAYMEN	ITS (PART II)	\$	-	
	From Schedule E - TOTA			\$ 1,00	-	
king a contribution to t	TOTAL OUTSTANDING LOANS El candidate committees to disclose the relationship of any re the committee. Relationship must be shown to the third de tives) and affinity (relatives by marriage). If surname of co	lative gree of		\$		
e same as candidate, b ationship column wher	out there is no familial relationship, enter "not applicable" in	the	Page	(for Schedu	e F)	

RESET

SCHEDULE

FOR INSTRUCTIONS, SEE BACK OF FORM